## EXTENSION WORK OF THE STATE MEDICAL SOCIETY

Some two years ago the Council of the State Medical Society authorized the establishment of an extension course of lectures. After very considerable effort the secretary was able to distribute throughout the State a list of special topics, with capable lecturers, which was made available to such constituent societies as desired to ask for it. A number of county societies have availed themselves of this opportunity and have had a number of lectures.

The Council feels that the results have been encouraging enough to further elaborate the extension work. The secretary's office is now preparing a list of subjects and lecturers who will be available for any county society upon appropriate invitation. In order that this list may be as complete as possible, all members of the society and all county societies who are interested in contributing to this program are requested to submit to the secretary's office before September a list of subjects with speakers who will be available upon invitation to go to any county society or any other meeting when asked to do so. Shortly after September first the subjects and speakers will be arranged in some convenient manner, published and submitted to every society in the State.

Secretaries of county societies are requested to bring this matter before one of their meetings and let the State secretary have a report of the county society's wishes.

## GROUP MEDICINE

The idea of closer working alliance between groups of medical men has been much discussed by physicians and surgeons and specialists. It appeals to many, while others seem to see in it a possible influence tending toward commercialism and a greater misunderstanding between medical men than obtains today. All will agree that the advances in medicine have been so great that no one mind can master it in all of its details. A group of men concentrating their energies on different fields of medical knowledge and research can do more for the patient in many cases than can one mind, be it ever so versatile. If medical men choose to group themselves together in a united effort, they are only doing what other men have considered it necessary to do in other occupations. The idea of group practice is not as new as perhaps it may seem. Since the days of hospital organization, medical men have worked in groups, to the advantage of the public and themselves. If group practice is to be a permanent arrangement, it must be conducted on approved principles. The men outside the group in particular must be given help. In the smaller towns and in rural districts group medicine might make better laboratory facilities and better hospitals possible with less outlay of time and energy. It also has a bearing on State medicine. The best way to avoid State medicine is for the profession, by organization, to anticipate it, and group medicine is worthy of consideration in this connection. State medicine might not prove more satisfactory than State railroading.—(Abstract of editorial in Canadian Medical Association Journal, May, 1921.)

## ETHICS OF ADVERTISING

The history of advertising by members of the medical profession is interesting. In early days it was the most advertised of all professions or vocations; in fact, medical men were leaders in methods of advertising and in the thoroughness with which these methods were followed up. Later there came a great reaction against public methods of personal publicity, and the profession went to the other extreme and did not permit advertising by any of the usual means employed by other professions and vocations. Neither of these extremes has proved satisfactory to the profession or to the public.

The restrictiveness of our ethics as they have stood for a long time is responsible for a variety of methods of personal promotion, some of which are of uncertain propriety and of questionable value to the man himself. The pendulum has again begun to swing away from the exclusiveness in publicity.

It probably is true, as it undoubtedly should be, that public advertising in lay periodicals and by circulars and other methods used in commerce never will be permitted by our profession. Certainly there ought to be an intermediate ground somewhere that would permit dignified ethical representation by institutions, organizations, groups and individual physicians to make their qualifications known to people who may desire their services.

It is interesting in this connection to call attention to the following resolution passed unanimously by the Council of the State Medical Society at their last meeting in Coronado:

> "It was unanimously agreed that, in the opinion of the Council, the insertion of appropriately worded cards by physicians and other professional men in the advertising columns of the Journal is ethical, permissible and should be encouraged."

## SILVER ARSPHENAMINE

It seems, from a review of the literature, that in silver arsphenamine we have a more potent spirocheticide than any heretofore in use and one which should be used with the greatest care; it seems to represent a real therapeutic advance. It is presumed that the silver, for which spirochetes have a special affinity, serves as an anchor for the arsenic, and that therefore the drug, despite its lower arsenic content than arsphenamine, is more active therapeutically. Animal experimentation seems to show that silver salvarsan, as it is called, is twice as effective as the old salvarsan and three times as effective as neosalvarsan.

The use of this silver-arsenic preparation seems, from the reports, to be attended with more danger than the older preparation. This danger is reflected in the dosages used, i. e., from 0.02 to a maximum of 0.25, in dilute solution. Anaphylactoid symptoms—redness and swelling of the face and buccal mucous membrane—pyrexia; cutaneous eruptions which are usually transient, and occasionally severe dermatitis; syncope, collapse, vomiting, vertigo and headache; and icterus are all listed as secondary effects.

The most recent reports on this drug are based upon the experience of Major Walson of the Army, who treated 800 patients and gave more than 6000 injections. The method of treatment recommended by the board of medical officers of the Army and that method used by Walson is as follows:

An interval of seven days between each dose in each course of treatment. Treatment to consist of four courses of silver salvarsan and gray oil.

In the first course of treatment the first dose to be fifteen-hundredths (0.15) gm. of the drug. The second dose to be two-tenths (0.2) gm., and each of the remaining five doses of the course to be three-tenths (0.3) gm. of the drug.

At the end of the first course of treatment a Wassermann blood test is made, and then thirty days' rest.

In the second course of treatment three-tenths (0.3) gm. of the drug is given at each of seven injections, at seven day intervals, and is followed by two and one-half months' rest.

The third and fourth courses are the same as the second, with ninety days' interval between the two. Gray oil is used in conjunction with and at the same time as each injection of silver salvarsan, using eight-hundredths (0.08) gm., by intramuscular injection.

A blood Wassermann is recommended after each course, and a spinal fluid Wassermann after the second.—(Abstract from an editorial in the Journal of Laboratory and Clinical Medicine, June, 1921.)

## INFANTILE PARALYSIS INCREASING

Doctor Hassler, of the San Francisco Health Department, has requested the Journal to call the attention of physicians to the increase of infantile paralysis. During the last two weeks ten cases have been reported in San Francisco, which is an increased rate over any year since the epidemic of 1917.

The Health Department considers it is safe to assume that a number of missed cases, or so-called abortive cases, exist for each developing paralysis that is reported.

With two or three months of climatic conditions favorable for the spread of this disease before us, there is danger of an epidemic of this disease, which we should not only foresee but forestall, if possible. This may be done with the assistance and co-operation of the medical profession.

There are abortive forms of the disease in which paralysis does not develop. These constitute the greatest menace in the spread of the infection, as these are the most difficult of diagnosis. The syndrome of fever, drowsiness, pain and sore throat, are very suspicious symptoms in children, and patients suffering from these symptoms should receive the special care of physicians at this time. The contact relations of sick children should be studied with special care.

The physician often is not aware of all these relations in the practice of other physicians. Therefore, prompt report to the Health Department will be of assistance to the physician and the public.

Early diagnosis and early report to the health offices is most important, and prophylactic precautions to prevent the spread of this disease should be practiced.

Infection is spread from person to person by secretions of the nose and throat of patients and carriers. It is claimed that dust and the stable fly carry the infection; therefore, all patients showing an otherwise unaccountable fever with drowsiness, pain and sore throat should be reported and the patient isolated in rooms screened against flies.

**STREET VENDERS OF NOSTRUMS**—The Board of Health of San Francisco, at a meeting held on July 21, 1921, passed the following resolution:

"Resolved, that the Board of Health place itself on record as being opposed to the issuance of licenses to anyone peddling medicines of any sort on the public streets, as such practice is a menace to public health; and, further, that the Health Officers be directed to refuse to issue permits for the vending of all medical nostrums and products on the public streets."

# Original Articles

## EPIDEMIC ENCEPHALITIS.*

By HERBERT C. MOFFITT, M. D., San Francisco.

Our interest in world-wide epidemics has been rudely awakened by the events of the last five years. In 1916, chiefly in New York and neighboring states, came a wave of poliomyelitis bringing with it at the crest unusual cases and high mortality. During 1917, culminating in the camps in winter and in the spring of 1918, respiratory infections succeeded each other in well marked periods or developed together during several weeks, possibly enhancing the virulence one of the other, and running clinical courses of severe and unusual types. Epidemic meningitis, pneumococcus and streptococcus infections were dangerous additions to the more usual camp scourges of mumps and measles. Later in 1918 rolled in the tidal wave of influenza from Europe, swamping the country in its initial strength and spreading rapidly from east to west. Possibly (as would appear from certain records in the Letterman Hospital) even before this wave reached us a smaller one, coming in the other direction and much modified by the long course across the Pacific, had broken on our shores. During the last three months of 1918 230,845 cases of influenza were reported in California, in 1919 82,682, in 1920 66,183 and a smaller wave is even now in the past month well raised above the average level of six months ago.

In 1917 and 1918 all these great infections were with us curiously pneumotropic although, starting about this time in central Europe, another infection with decided neurotropism was spreading gradually,. and gathering strength to break in the epidemic waves of 1918, 1919 and 1920; we are again witnessing the association of the "catarrhal" with the "nervous fevers" that has been noted in cycles through more than 400 years. Those particularly interested in various types of encephalitis and its epidemiology should read the interesting historical paper of Crookshank, the older articles of Leichtenstern, Oppenheim, Mauthner, Church, Comby and Longuet, as well as numberless papers, reviews and even monographs which have appeared since Von Economo's report of cases of lethargic encephalitis in Vienna in 1917.

*Incidence:* The incidence of the disease has undoubtedly everywhere been much underrated, many early cases being unrecognized or miscalled botulism, meningitis or influenza. Early in 1918 cases were reported in France and in March and April, 1918, in England; it seems probable that the "mysterious disease" of 1917 in Queensland and New South Wales reported by Cleland and Campbell should be classified with epidemic encephalitis, and the cases described by Breuil in Australia (Medical Journal Australia, March, 1918) clinically could be so grouped though pathologically nearer to poliomyelitis. The ultimate classification of the entity described by Bradford, Bashford and Wilson under the heading "Acute

* Read before the Fiftieth Annual Meeting of the Medical Society of the State of California, Coronado, May, 1921.